



#10 ⁴¹Amoly C
PATENT
450117-024776-16-04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Ralf Bohnke et al.

Serial No. : 09/556,693

Filed : April 21, 2000

For : OPTIMIZED SYNCHRONIZATION PREAMBLE STRUCTURE

Examiner : David B. Lugo

Art Unit : 2634

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Date of Deposit: May 24, 2004

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(Signature of person mailing paper or fee)

PRELIMINARY AMENDMENT

Mail Stop RCE
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P.O. Box 1450
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Sir:

05/26/2004 EFLORES 00000003 09556693

01 FC:1201

110.00 00

Prior to continued examination of the above-identified patent application, please

amend the application as follows.

05/26/2004 EFLORES 00000002 09556693

01 FC:1201

06.00 00



450117-02477

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Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.☒ The fee has been calculated as shown below.☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	4	Minus	20 =	10 ×	\$18(9)	= \$00.00
Independent claims	4	Minus	3 =	1 ×	\$86(43)	= 86.00
				Total additional fee for this amendment		\$86.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☐ This application contains a multiple dependent claim. The required fee of \$280 (\$140) has been previously paid __, or is paid herewith __.☒ This response is being filed within the ☒ first month, __ second month, ☒ third month, __ fourth month following the expiration of the term originally set therefor, and the fee of ☒ \$110 (\$55), __ \$420 (\$210), __ \$950 (\$475), __ \$1,480 (\$740) for the requisite extension is due and ☒ paid herewith.☒ A check in the amount of \$110.00 is attached for the extension of time.☒ A check in the amount of \$86.00 is attached for the added claims.☐ Charge \$__ to Deposit Account No. 50-0320.☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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